

HABILITATION, MUSIC THERAPY

Service Description

HP16-00

Services provide a variety of interventions designed to maximize the functioning of persons with developmental disabilities. Services may include, but are not limited to: habilitative therapies, special developmental skills, behavior intervention and sensorimotor development.

This service is provided in response to ~~habilitation functional~~ outcomes identified by the Division member's planning team [e.g., Individual Support Plan ("ISP") team] which may be achieved through the utilization of music as a modality. This service must be provided by a Board Certified Music Therapist ("MT-BC").

Service Requirements and Limitations

1. This service may be provided in the following settings:
 - 1.1 The ~~member's~~ consumer's home, or
 - 1.2 The ~~member's~~ consumer's community.
2. This service shall not be provided while the ~~member~~ consumer is attending day treatment and training.
3. This service shall not be provided when the ~~member~~ consumer is hospitalized.
4. This service shall not be provided in conjunction with a daily habilitation service (i.e., group home, developmental home, daily individually designed living arrangement).

Service Goals and Objectives

Service Goals

Facilitate the removal of barriers related to social interaction and independent functioning through the techniques available from a music therapist.

Service Objectives

The Qualified Vendor shall ensure the following objectives are met:

- ~~1. Conduct an assessment of the consumer's strengths and needs concentrating on the concerns identified by the ISP. Areas of testing may include but are not limited to: social interactions, language, speech and communication skills, sensory motor skills, sensory perception, cognitive function and skills to manage emotional expression.~~

2.1. In accordance with the member's planning document ~~consumer's ISP process~~, assist in developing ~~individualized support methodologies, including:~~

~~12.1 Establishing i~~ Individualized, time-limited ~~training objectives/functional~~ outcomes that are based on assessment data and input from the ~~member~~ ~~consumer~~ and the member's consumer's representative that will allow the ~~member~~ ~~consumer~~ to achieve his/her ~~long term~~ vision for the future and priorities.

~~12.2 Developing A specific training~~ strategies for each ~~habilitative functional~~ outcomes within ~~ten (10) thirty (30)~~ business days following after the initiation of service for a new or a continuing placement and whenever a new outcome has been identified for the member. The specific ~~teaching training~~ strategy for each ~~objective/outcome~~ shall identify the schedule for implementation, frequency of services, data collection methods, and the steps to be followed to teach the new skill ~~teaching strategies~~.

~~12.3 Based upon the presence or absence of measurable progress, making C~~ changes to specific ~~training objective/outcome(s) and/or strategies, as agreed upon by the member's planning ISP team~~, based upon the presence or absence of measurable progress by the member.

~~3. As identified in the consumer's ISP, provide training and/or assistance.~~

~~4. As identified in the consumer's ISP, provide training and/or assistance to the consumer's family/consumer's representative to increase and/or maintain targeted skill acquisition of the consumer.~~

~~24.1~~ With input from the ~~member~~ ~~consumer~~, the member's representative ~~consumer's representative~~, and his/her significant others people important to the member, and as identified in the planning document, provide training and/or assistance to the caregiver(s) to carry out, develop strategies for habilitative functional outcomes that can be carried out in the context of the member's consumer's daily routine.

~~4.2 Communicate with the family/consumer's representative regarding how the support methodologies are working when staff is not present.~~

~~4.3~~ Based upon the presence or absence of measurable progress, make changes to specific training objective/outcome(s) and/or strategies, as agreed upon by the planning ISP team.

~~5. Service delivery planning includes consideration of the following aspects:~~

~~5.1 Criteria for reassessment;~~

~~5.2 Criteria for fading as appropriate;~~

~~5.3 The potential for developing and maintaining self help, socialization and adaptive~~

~~Skills;~~

~~5.4 Respect for the consumer's preferences, favorite activities, and their lifestyle choices, etc.;~~

~~5.5 The potential for developing useful techniques and skills of other caregivers to the consumer's benefit; and~~

~~5.6 The potential for increasing the consumer's social contacts, friends and colleagues.~~

~~6. At least one direct observation for each new direct care staff is made by the qualified vendor within the first 90 (ninety) days of hire with the direct care staff present.~~

47. Each Board Certified Music Therapist ("MT-BC") ~~direct care staff~~ is trained and oriented to implement the planning document ~~ISP~~ and applicable behavioral plan for the member ~~consumer~~, and follows the protocols for responding ~~handling~~ and reporting incidents to the Division.

Service Utilization Information

1. Typical usage is one (1) hour per week.
2. The planning ~~ISP~~ team shall decide, prior to the delivery of services, who and how service delivery will be monitored.

Rate Basis

1. Published. The published rate is based on one ~~(1)~~ hour of direct service.
2. Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, *RateBook*, and/or other provider resources made available by the Division.

Direct Service Staff Qualifications

Direct service staff must:

1. Have, at a minimum, a Bachelors of Science degree, Bachelors of Art degree in Music Therapy, ~~-or a Bachelor of Music degree;-~~
2. Have completed all educational and clinical training requirements as required by the American Music Therapy Association inclusive of a six (6) month internship at an approved site as well as pre-clinical hours completed during their academic coursework; and
3. Currently hold the credential of Board Certified Music Therapist (MT-BC) ~~credential~~ as issued by the Certification Board for Music Therapists.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall submit the teaching strategies developed for the member's habilitative outcomes to the member's Ssupport Ceordinator for planning team review no later than ten (10) business days after the initiation of service for a new or a continuing placement and whenever a new outcome has been identified for the member for ISP team review.
2. The Qualified Vendor shall submit quarterly individualized progress reports on the member, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established functional outcomes, within thirty (30) days after the close of the quarter to the member's consumer's Ssupport Ceordinator and the member consumer/family/ member's consumer's representative. The quarter is based on the member's annual planning cycle. The first quarterly progress report is due no later than the fifteenth (15th) day following the end of the quarter in which the service is initiated. Subsequent quarterly progress reports are due no later than the fifteenth (15th) day following the end of the quarter.
 - 2.1 At a minimum, the report shall include a written summary describing specific service activities, overall progress specific to planning document outcomes, performance data that identifies the member's progress toward achievement of the established outcomes, and current and potential barriers to achieving outcomes.
3. The Qualified Vendor shall maintain daily records on file as proof of the number of hours worked by each their direct service staff providing direct service to members, e.g., staff time sheets.
 - 3.1 Each time sheet, or equivalent document, or data system must contain be signed the original signature or other independent verification of by the member consumer/family/ member consumer's representative after service delivery as verification of confirming the hours worked served. Proof of hours worked must be signed or verified by the member/member's representative before the Qualified Vendor submits the claim for payment.
4. -The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.